#### **Infections**

Viral hepatitis Schistosomiasis

HIV, TB

**Chronic hypertension** 

Kidney, myocardial fibrosis, stroke

#### **Tumors**

Metastatic cancer Bone marrow fibrosis **Cholesterol-driven inflammation** 

Coronary artery disease Cardiac fibrosis

Hyperglycemia

**Kidney** 

Cardiac disease

FIBROSIS

"45% of all deaths attributable to chronic fibroproliferative disease" **Obesity** 

NASH

**Radiation** 

All tissues

Autoimmune/chronic inflammation

**Genetics** 

Duchenne muscular dystrophy

IBD /RA /Systemic sclerosis/IgG4-RD

Urinary and prostate

Mechanical injury

Trauma

Surgery

Burns

Infarct

Reperfusion Injury

Minor HLA mismatches in transplanted organs

Chronic transplant rejection

**Toxic injury** 

Ashestosis

Alcohol (ALD)

Bleomycin

Smoke

Allergens/pollution

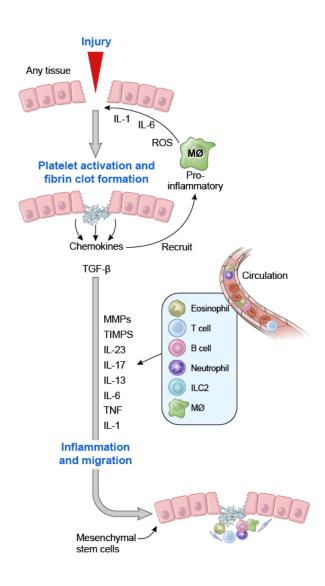
Severe asthma

Pulmonary fibrosis

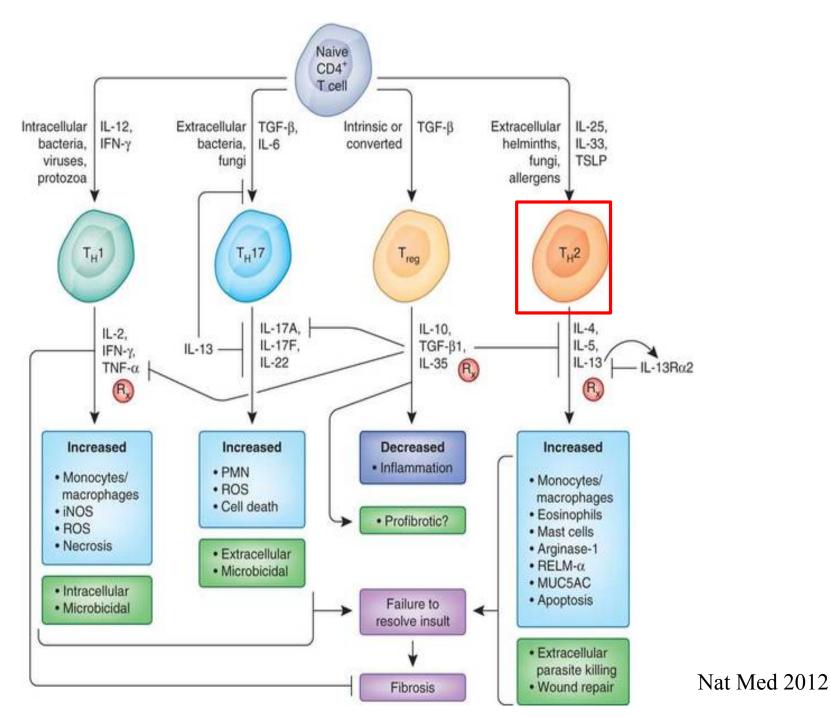
Wynn TA. Nat Rev Immunol 2004 Ramalingam and Wynn. Nat Med 2012

#### Regulation of tissue repair and fibrosis by inflammatory mediators





### Key role for TGF-β1 and type 2 immunity in fibrosis



#### Type 2 immunity in repair and fibrosis

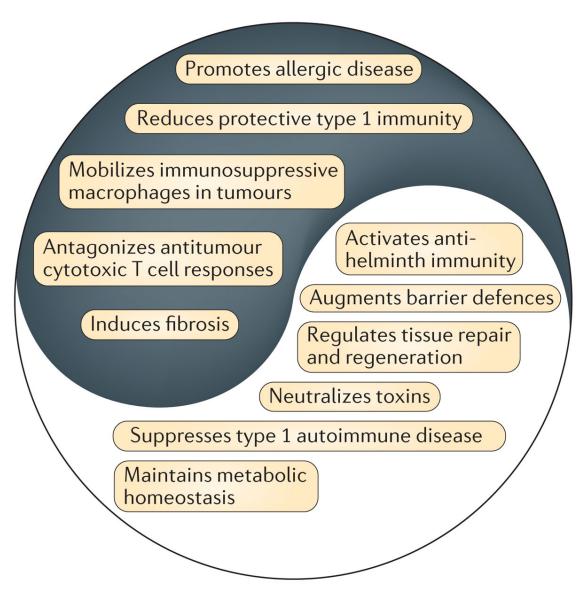
IL-4

IL-5

**IL-9** 

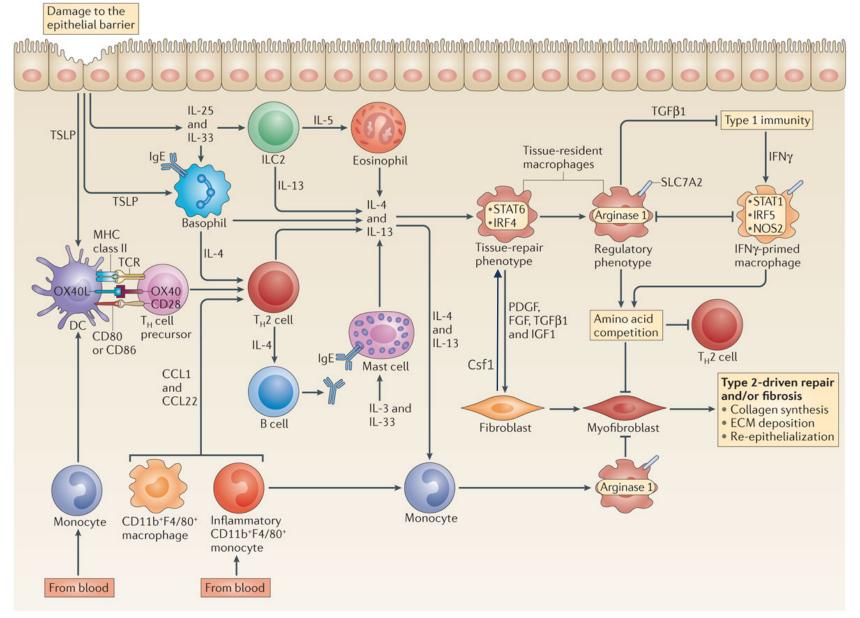
**IL-13** 

CD4<sup>+</sup> Th2 Eosinophils M2 macs Basophils Mast cells ILC2

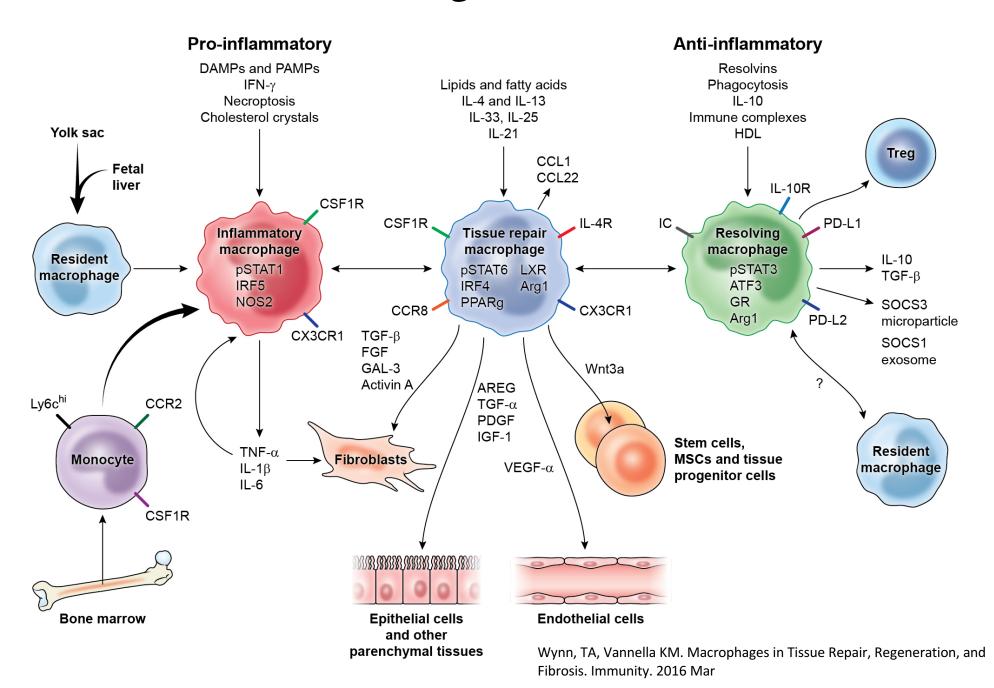


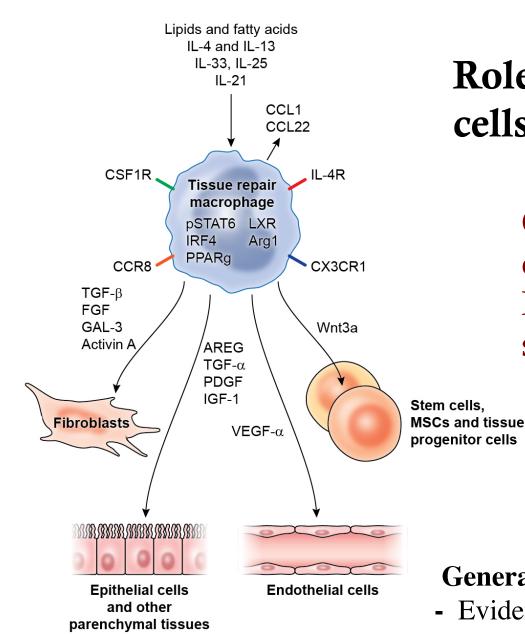
Nature Reviews | Immunology

# Type 2 response in repair and fibrosis: Prevailing Paradigm



# Tissue repair macrophages: critical to tissue regeneration and fibrosis?





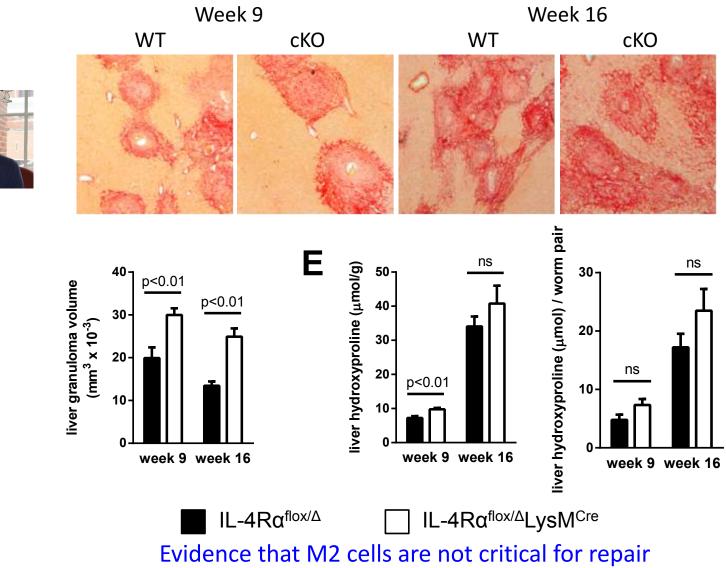
# Role of IL-4/13 responsive cells in repair and fibrosis?

Generation of cell specific deletions of IL-4Rα chain using IL-4Ra<sup>flox/flox</sup> mice crossed with specific cre expressing strains

Generation of LysM-Cre IL-4Rα flox/flox mice

- Evidence IL-4Rα deletion in resident tissue macrophages but not inflammatory monocytes

# Resident *Lyz2*<sup>hi</sup>IL-4Rα<sup>+</sup>CD11b<sup>+</sup>F4/80<sup>+</sup> macrophages suppress chronic inflammation in schistosomiasis



Evidence that M2 cells are not critical for repair or fibrosis and in fact play a suppressive role

### What about other IL-13 responsive cells?

Resident tissue M2 macs M2-like monocytes?
Hepatocytes
Biliary cells – cholangiocytes (epithelium)
Hepatic progenitor cells
Fibroblasts



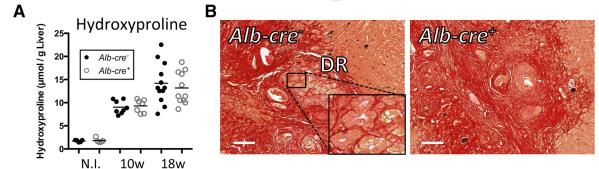
### Generation of Albumin-Cre IL-4Ra flox/flox mice

- Deficiency in IL-4/IL-13 signaling in hepatocytes and biliary compartment

Hepatocytes
Biliary cells – cholangiocytes

### Liver regeneration (bile duct proliferation) is uncoupled from fibrosis in IL-4R $\alpha^{flox/flox}$ ; Alb cre+ mice

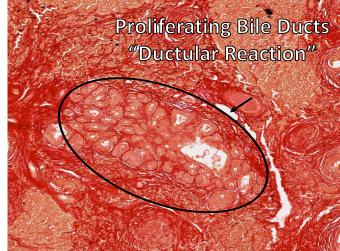
(IL-4R+ hepatocytes not critical for fibrosis)



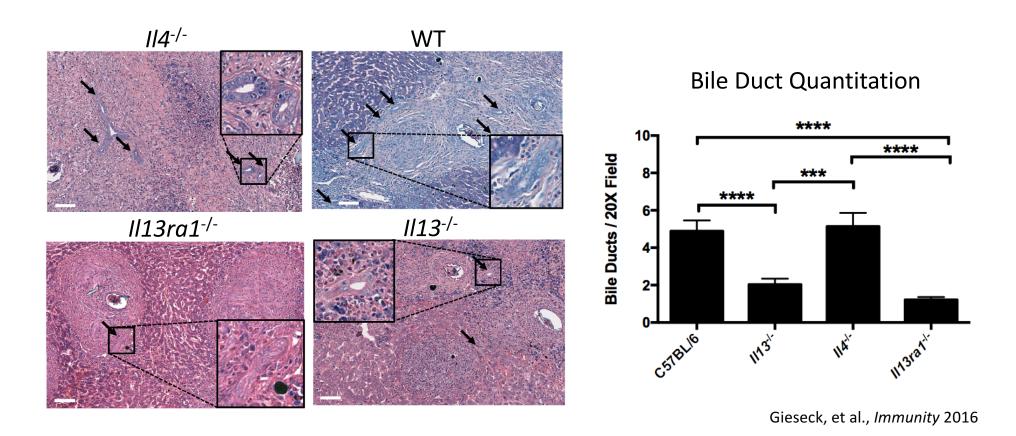
#### What is ductular reaction?

- Ductular reaction refers to an increased number of ductules (the finest ramifications of the biliary tree), often accompanied by inflammatory cells and an increase in matrix, leading to peri-portal fibrosis and eventually biliary cirrhosis.
- It is a phenomenon that is seen in a most chronic liver diseases.
- Patients with severe ductular reaction are at a greatest risk of requiring a transplant.
- Associated with advanced cirrhosis but whether it's a consequence of or key driver of fibrosis has remained unclear.
- Ductular reaction has also gained new interest because of its relationship with the activation of putative human liver

progenitor cells.

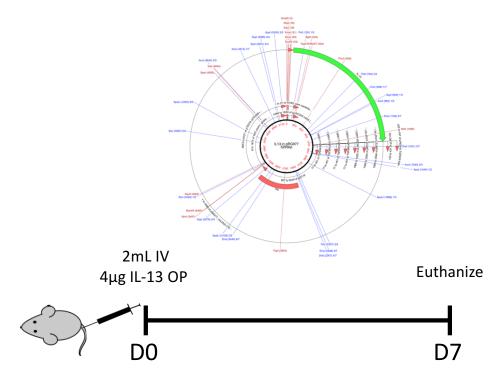


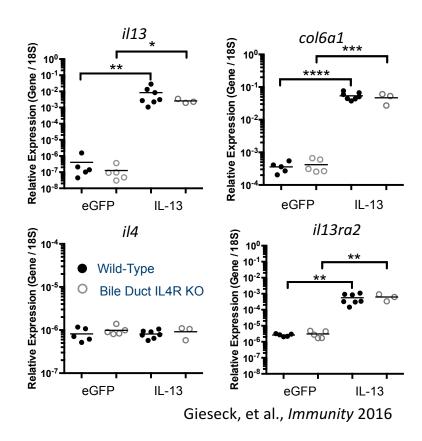
#### IL-13 Signaling is Necessary for BD Proliferation



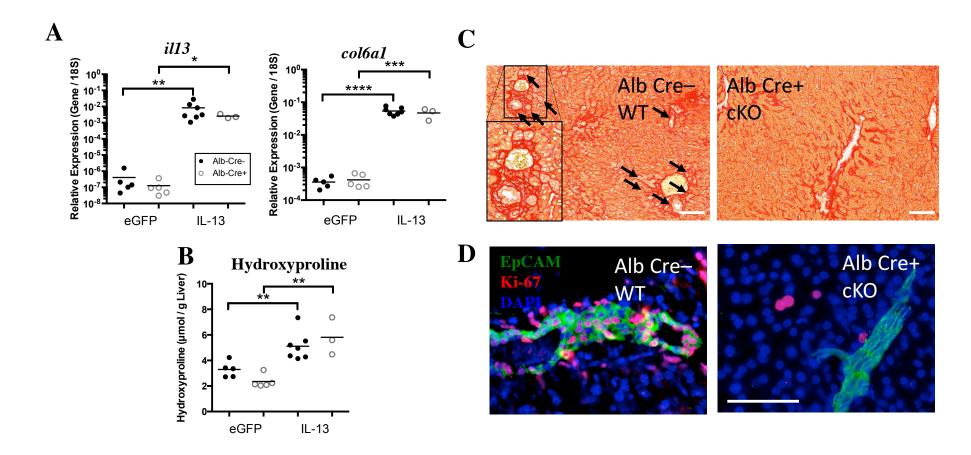
#### Hydrodynamic Overexpression of IL-13

#### IL-13 Mammalian Overexpression Plasmid



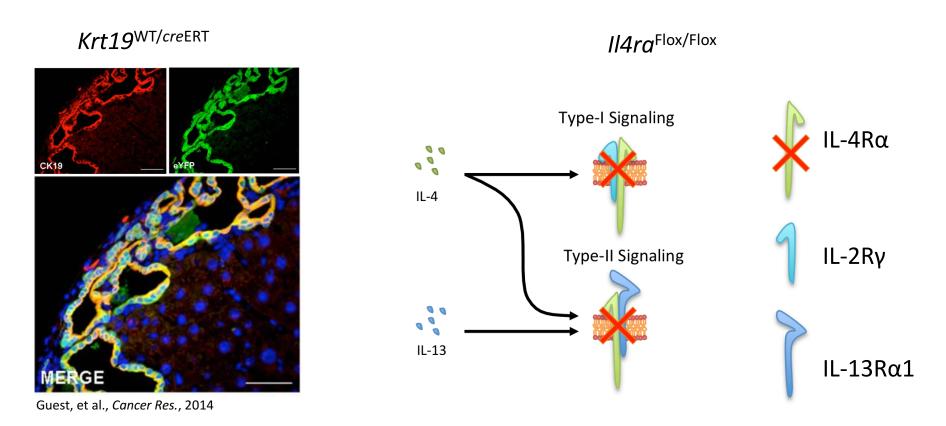


### Hydrodynamic delivery of IL-13 reproduces the results obtained with *S. mansoni* infected mice



Ductular reaction (duct regeneration) is dependent on direct IL-13 signaling in hepatic/biliary cells and independent from fibrosis

# What role does the biliary compartment play in repair and fibrosis?



### Generation of Keratin (K19)-Cre IL-4Ra flox/flox mice

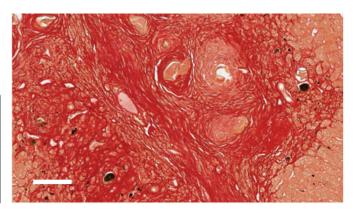
- Deficiency in IL-4/IL-13 signaling in cholangiocytes and hepatic progenitor cells but not hepatocytes

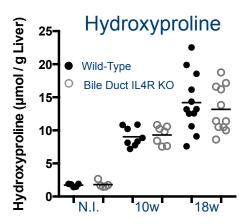
## Deletion of IL-4R $\alpha$ signaling specifically in the biliary compartment does not impact the development of fibrosis

Wild Type

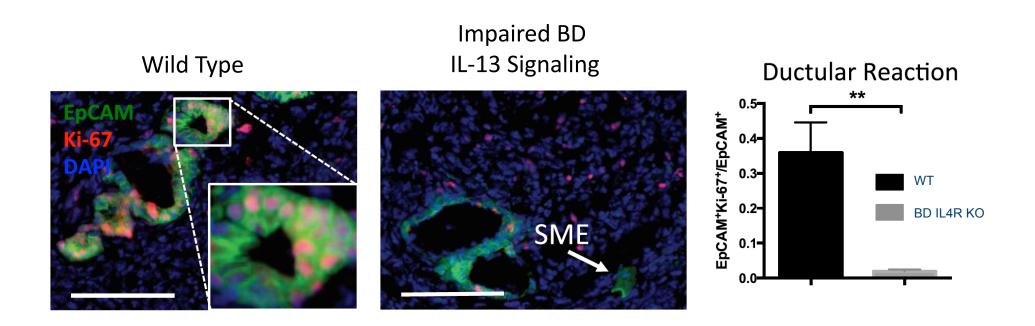
DR DR

Impaired BD IL-13 Signaling



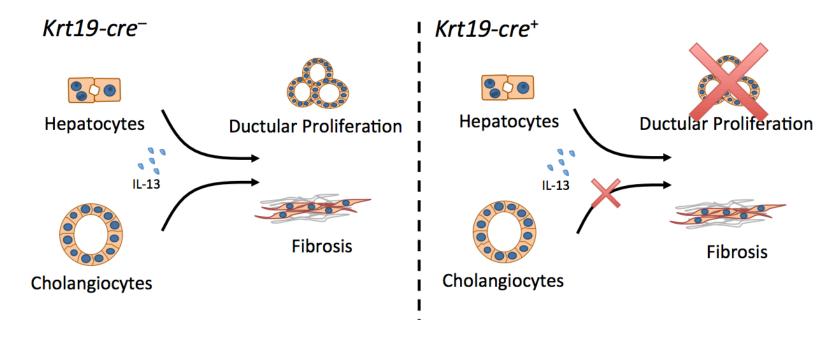


#### IL-13 Signaling in BDs is Necessary for Ductular Reaction



Gieseck, et al., Immunity 2016

#### Summary: IL-13 Signaling in Bile Ducts



Gieseck, et al., Immunity 2016

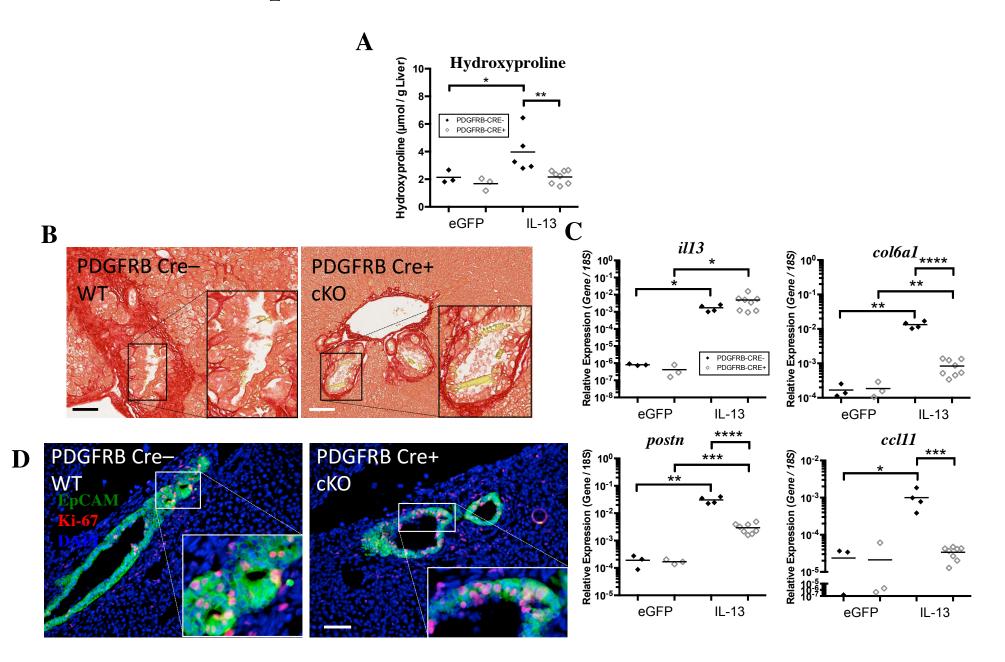
# What role do fibroblasts play in IL-13 mediated repair and fibrosis?

### Generation of PDGFRb-Cre IL-4Ra flox/flox mice

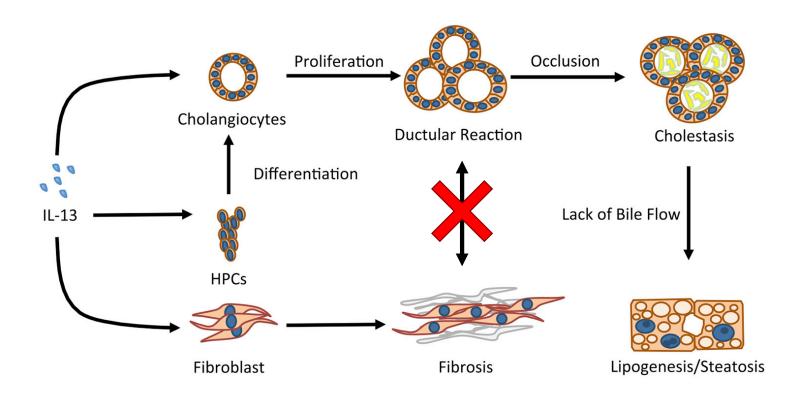
- Deficiency in IL-4/IL-13 signaling in fibroblasts

PDGFRb<sup>+</sup> Fibroblasts

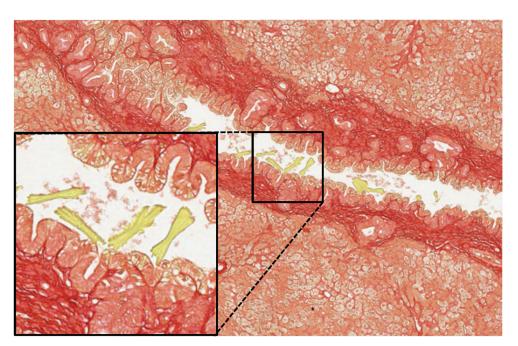
## Ablation of fibrosis but not ductular expansion in PDGFRb cre mice

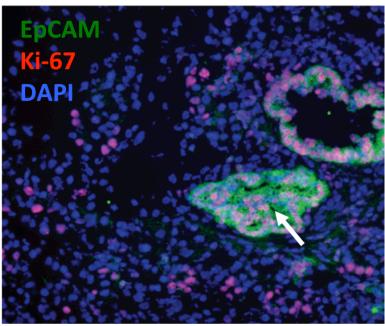


## IL-13 driven ductular reaction drives cholestasis, and bile flow obstruction activates liver lipogenesis



# IL-13 driven ductular reaction initiates ductal cholestasis independently from fibrosis



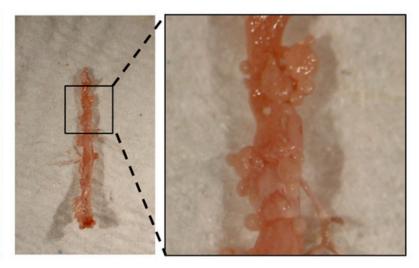


Gieseck, et al., Immunity 2016

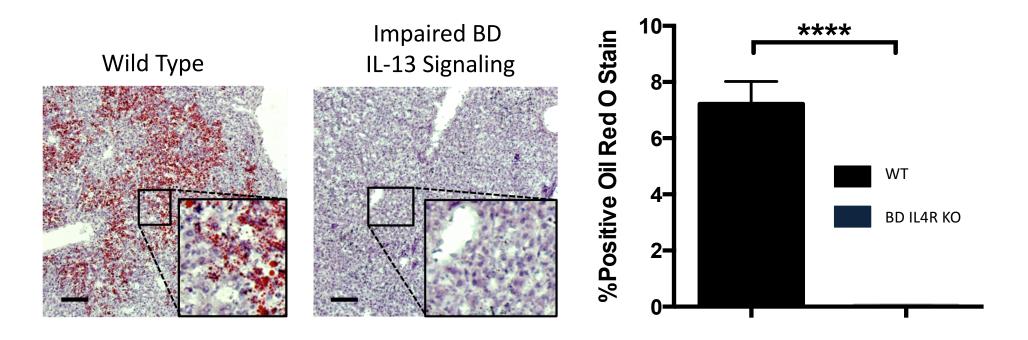
## IL-13 driven ductular reaction leads to bile duct obstruction and nodular regeneration

WT eGFP-OP Bile Duct

WT 13-OP Bile Duct

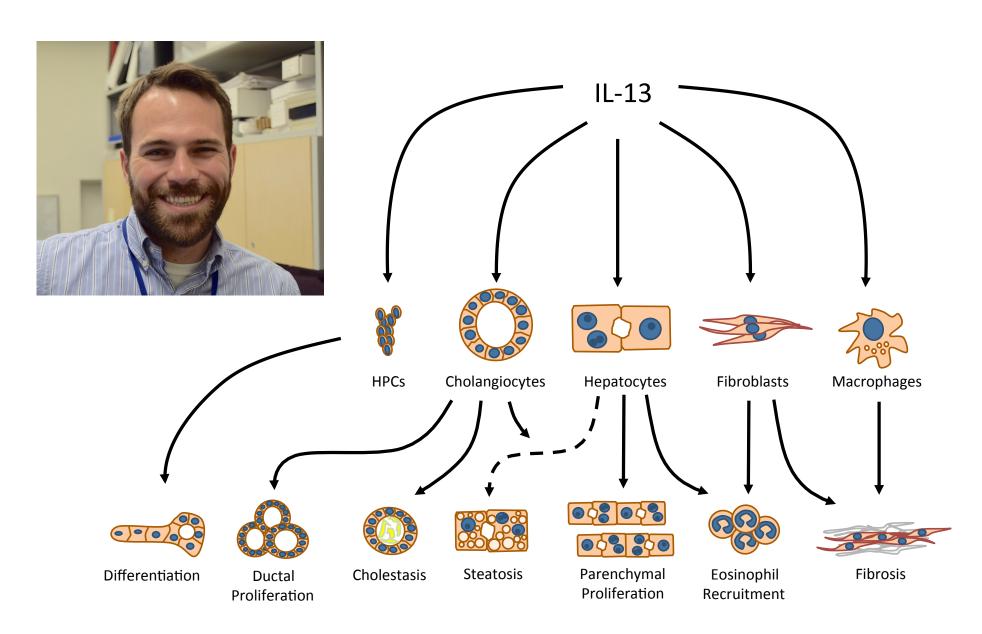


## Development of fatty liver (steatosis) is dependent on IL-13 signaling in the hepatobiliary compartment



Gieseck, et al., Immunity 2016

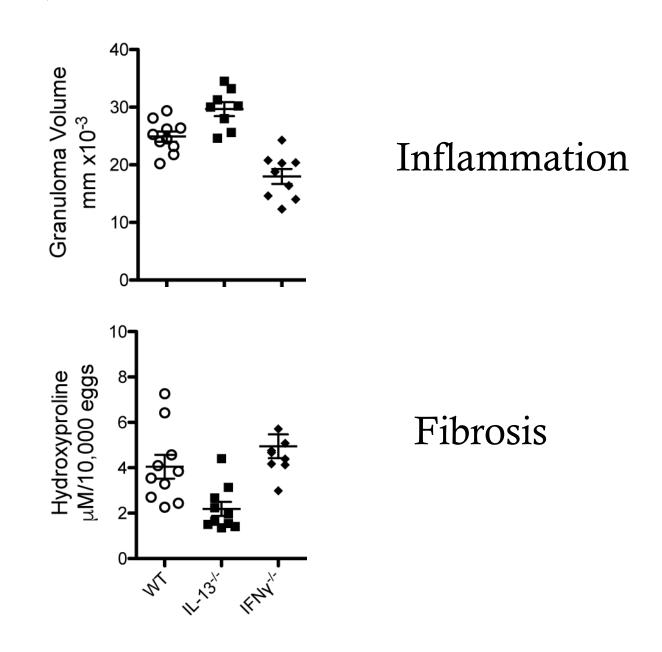
## Fibrosis and tissue regeneration occur simultaneously but are driven by distinct IL-13-dependent mechanisms



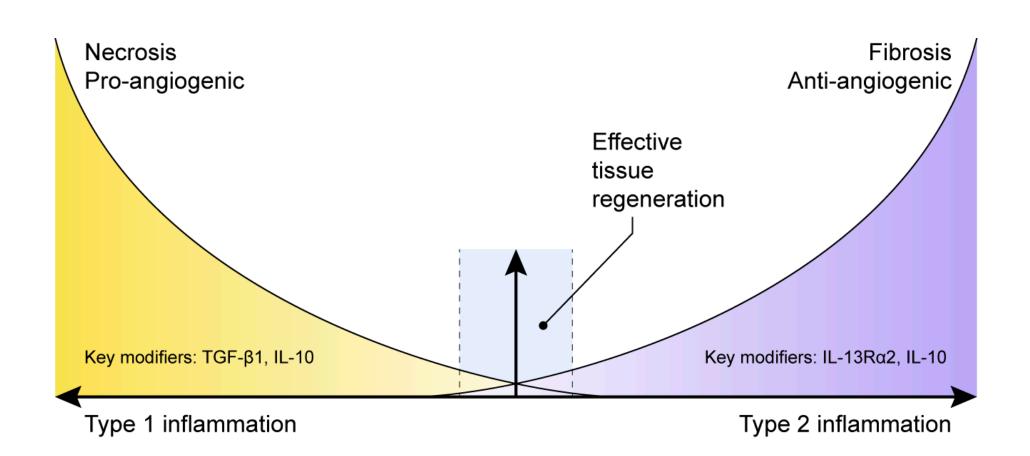
Gieseck RL (Trey). et al. Immunity. July. 2016.

#### Translational Potential of IL-13 blockade

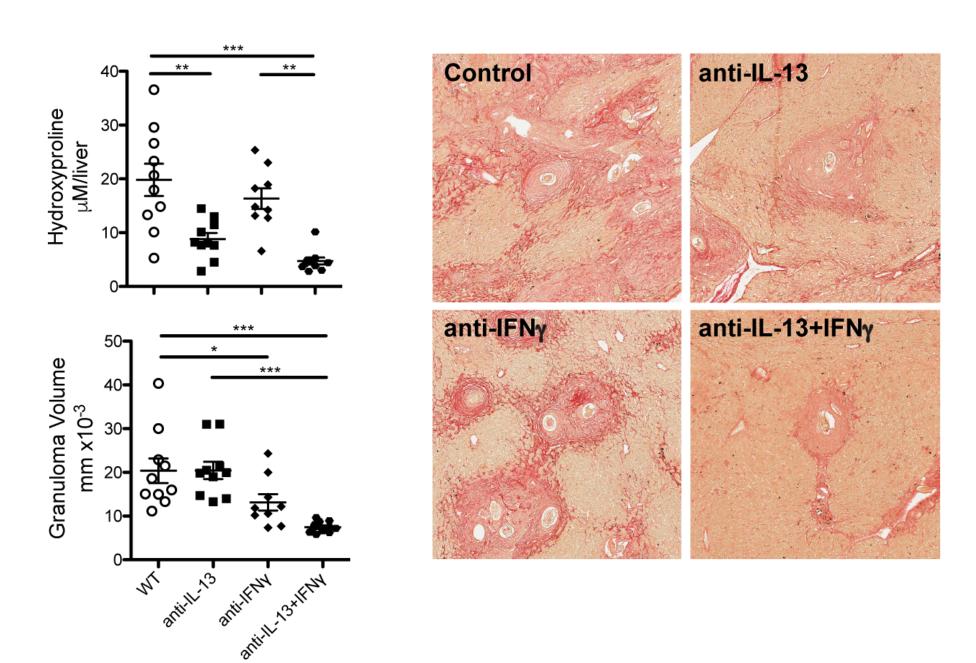
- Will rebound inflammation impair efficacy?

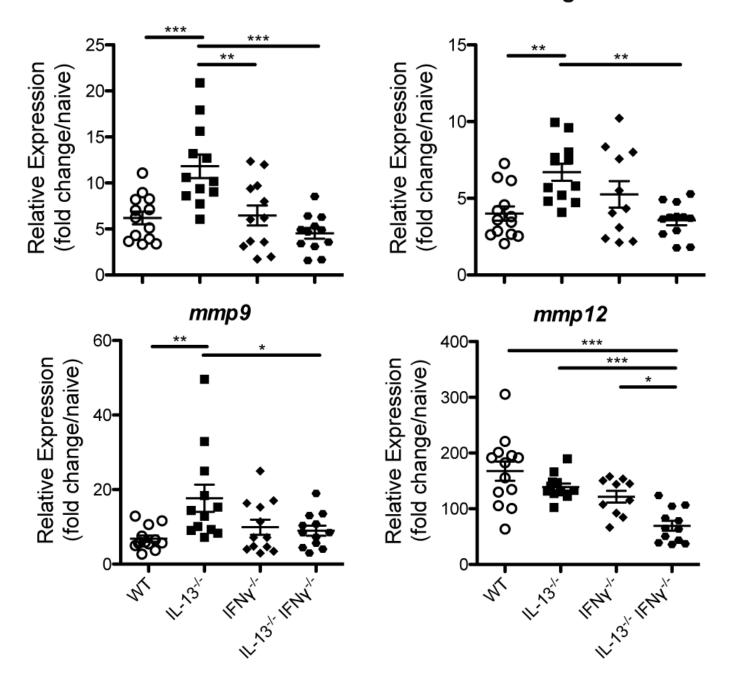


### An effective anti-fibrotic strategy must block the key profibrotic mediators and prevent rebound inflammation/necrosis



### Therapeutic efficacy of antibodies to IL-13 and IFN-y





#### What we know:

- 1. IL-13 and TGF- $\beta$  are major drivers of fibrosis but they also help facilitate tissue repair and reduce inflammation.
- 2. Fibrosis is reversible if caught early enough.

#### What we don't know:

While TGF- $\beta$  and IL-13 are potential therapeutic targets for fibrotic diseases, what we don't fully understand is what impact long term disruption of these pathways might have on normal tissue homeostasis and regeneration.

#### What we should know:

- 1. How to slow the progression of fibrosis without impairing normal tissue homeostasis and healing.
- 2. How to block fibrosis without causing damaging rebound inflammation.
- 3. How tissues regenerate following injury.
- 4. The positive and negative impact of inflammation on tissue repair and fibrosis.

#### NIAID/NIH Immunopathogenesis Section

### Acknowledgements

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